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	(Depositor's name					
	(Signature					
	(Date					

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO FILING DATE 10/712,046 11/14/2003 Masaaki Kikuchi 9026

TITLE OF INVENTION: PROCESS FOR PRODUCING GOLF BALL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE TOTA		FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300		\$1700		06/23/2006		
EXAMINER		ART UN	IΤ	CLASS-SUBCLASS]				
LEE, EDMUND H 1732			264-248000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		BIRCH, STEWART,					
				₂ KOLASCH	& I	BIRCH,	LLP		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Typed or printed name

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SRI SPORTS LIMITED

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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee Publication Fee (No small entity discount permitted) A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number > 402-2448 (enclose an extra copy of this form). Advance Order - # of Copies _ Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

(if necessary)

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Andrew D.

Meikle

06/22/2006 MBEYEHE2 00000293 10712046 June 21, 2006 Date

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